## Donation form



## Your details

Title:	First name:				Surname:							
Address:												
				Postcode:								
Phone:				Email:								
2 Your donation												
Donation amou	Donation amount:				Cheque:		Card:	rd St Richar		ake cheques payable to d's Hospice or enter your redit card details below:		
Would you like to dedicate your donation to a specific		In-patient Unit:			Livina \	Vell Services:			All hospice care and support:			
		·			Community nursing							
service or area?  Reason for donation:												
Mastercard:		Visa:	Sv	vitch:		CA	AF:					
Card Number:												
Valid From:		1	ate:	/ 3 digit			igit sec	security no:				
Card holder's name:					Card holder's signature:							
We do not store card details nor do we share your financial details with any third parties outside of essential processing												
<b>3 Gift Aid</b> Add 25% more to your donation at no cost to you. declaration allows St. Richard's Hospice to claim tax back on eligible donations. It means that for every £1 you donate to St. Richard's Hospice we can claim back 25p, at no extra cost to you.												
Yes, I confirm I am a UK taxpayer and would like all my donations to St. Richard's Hospice made now, in the past four years and in the future to be treated as Gift Aid donations  Please remember to let us know if your tax status, name or address change or if you wish to cancel your Gift Aid declaration												
Signed:					Date:							
Contact Preferences												
Dlease tick the h	Please tick the hoves below to indicate your preferences on how you want to hear from us											

Please lick the boxes below to indicate your preferences on now you want to near from us.

I do not wish to be contacted: Telephone: I already receive information: Email:

Your information is held in a secure manner and we do not share your information with third parties, except for essential payment processing. You can at any time update your communication preferences with us by contacting the Fundraising Department.

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